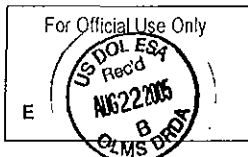


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <del>AMTR #</del> 15005 061-014	2. Fiscal Year Covered From: 4/1/04 Through: 3/31/05
3. Name and address of person filing. Name Sandra Brown P.O. Box, Bldg., Room No., if any BO Box 613 Street Mt Pocono City State PA ZIP Code + 4 18344	4. Name, file number, and address of labor organization. Name DC 1707 Labor Organization File Number 389 061014 P.O. Box, Building and Room Number, if any 75 Street VARICK ST City NYC State NY ZIP Code + 4 10013
5. Position in labor organization. DC1707 L389 Staff Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

*Sandra Brown*

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Sandra Brown*

On

8/9/05 370 894 0590

Date

Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name *DC 1707 L389 Homccare H&W*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any *75*

Street *Varick St*

City *NYC*

State *NY* ZIP Code + 4 *10013*

9. Business deals with: *Non-Profit Org.*

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name *Sandra Brown*

Trade Name, if any: *DC 1707*

P.O. Box, Bldg., Room No., if any *75*

Street *Varick St*

City *NYC*

State *N.Y* ZIP Code + 4 *10013*

11.a. Nature of such dealing.

*Conference meeting*

11.b. Approximate dollar value of such dealing. *1,724*

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.